24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)	FEC IDENTIFICATION NUMBER ▼ C C00004036
Check If 24-hour report	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee The New Media Firm, Inc. Mailing Address 1730 Rhode Island Ave NW Ste 410	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Washington DC 20036	25000.00 ansaction ID : D283775
Purpose of Expenditure Online Advertising Buy Category/ Type Office S Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
JOSH MANDEL Calendar Year-To-Date Per Election for Office Sought Check Calendar Year-To-Date Per Election for Office Sought 779249.19	One: Support Oppose ement For: Primary General Other (specify)
	Mam / Dad / Yayayay
Mailing Address City State Zip Code	mount
Purpose of Expenditure Category/ Office S	Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure: Check (Senate District: President One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	25000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Eliseo Medina [Electronically Filed] Date O6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y